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Inter- and intralingual translation of medical information

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1 Introduction

The past decades have seen an increasing focus on the importance of health communication, especially the communication of health matters to lay people and the general public. Patients today increasingly demand sufficient information to make informed choices on whether to go ahead with a medical procedure, take a specific medication, etc., and they want the communication of this information to be tailored for them, i.e. written in an understandable manner. This demand for understandable patient information and communication comes not only from patients, but is part of a larger societal push to involve the wider public in their own health. Consequently, in recent years, the concepts of patient empowerment and patient-centred communication have become increasingly popular, as will be described below. This means that healthcare professionals and authorities need to tailor their communication to laypeople, and also that medical knowledge and texts must be translated intralingually within the same national language, from expert language to plain language. Many of these medical texts are translated interlingually as well (i.e. between languages, for example from English into Danish), and often, a combination of inter- and intralingual translation takes place, putting additional demands on the time and effort of the translators.

In this chapter, we will first explain the paradigmatic shift towards patient-centredness and patient empowerment within written health communication, and the ensuing increased focus on lay-friendly and comprehensible information. We will further explain the concepts of intralingual and interlingual translation, and discuss the various complexities of translating medical texts for lay people. Lastly, we will illustrate some of the many challenges and pitfalls surrounding intralingual/interlingual medical translation with the help of authentic examples.

2 From the biomedical paradigm to patient-centredness

The idea that medicine should be patient-centred is not new; it was proposed by Balint already in 1969 as an alternative to the biomedical paradigm which focused solely on the
discovery of illness and its subsequent treatment. As an alternative to this illness-oriented 
approach, the main notion of patient-centred medicine was to consider the ‘whole’ person, 
i.e. both the physical and the mental wellbeing of the patient, and to see the patient as a 
unique human being (Balint 1969: 269). Similarly, Engel (1977) highlighted the limitations 
of the biomedical model, characterising it as dualistic and reductionist (1977: 320), and 
argued for replacing it with a biopsychosocial model, in which the doctor attends not 
only to the biomedical needs of the patient but also to their psychological and social 
needs (Engel 1977: 324). This shift from doctor-centred care to patient-centred care 
naturally leads to a shift from monologic to dialogic consultations, and thus communi-
cation is increasingly seen as ‘the royal pathway to patient-centred medicine’ (Bensing et al. 
2000: 1). Today, patient-centredness is an established way of considering the practice of 
communication in healthcare. Closely linked to the concept of patient-centred communi-
cation is the concept of patient empowerment (e.g. Funnell et al. 1991). Patient empower-
ment is defined by WHO as ‘a process in which patients understand their role, are given 
the knowledge and skills by their healthcare provider to perform a task in an environment 
that recognises community and cultural differences and encourages patient participation’ 
(WHO 2009). This shows a link between empowerment and communication; patients 
need some degree of empowerment in order to be able to participate in decisions about 
their own health as well as to challenge healthcare providers when needed, and communi-
cation can lead to this greater empowerment.

3 The importance of comprehensibility

It is a natural consequence of the paradigmatic shift to patient-centredness and patient 
empowerment that the patient needs to understand relevant communication. In the con-
text of this chapter on translation, we focus on written communication directly aimed 
at the general population and patients, i.e. lay people. Although some illnesses have 
a socio-economic bias, i.e. are much more common among certain socio-economic 
groups, it is generally fair to say that most written health communication is a form of 
mass communication, as any member of the society could potentially be at the receiving 
end. This is why the concept of health literacy is crucial not only for patients, but also 
for those producing health communication, including translators. Health literacy, as 
established by Nutbeam in 1998 in his definition for the WHO (1998: 10), is defined 
as the ability to access, understand and act on information about one’s own health. 
Nutbeam (2000: 265) established three levels of health literacy, namely functional, 
interactive and critical health literacy, and the three levels represent a continuum which 
moves from basic to more advanced. Basic health literacy, i.e. functional health literacy, 
is described as a situation where a patient can read, understand and act on health-
related information. At the other end of the continuum is critical health literacy where 
patients are able to critically evaluate health information and use this information to 
take control of their own health, illness and living conditions. Thus, even the basic level 
of functional health literacy requires that the patient understands relevant information. 
Sometimes this information is provided orally, but today much information is given in 
written form (often electronically) as one-way communication where the patient does 
not have the possibility to ask questions while reading. This is for instance the case with 
brochures, emails, websites, electronic patient records (in countries where these can be 
accessed by patients) and so on.
It seems reasonable that medical information aimed at lay people should be written in a language actually intelligible to lay people, but such a seemingly obvious understanding is in fact fairly recent, and coincides with the shift from the biomedical paradigm to patient-centredness. The Plain Language Movement, which advocates for a clear writing style, only started to gain momentum within the English-speaking world in the 1970s. According to Stewart (2010), people increasingly needed to deal with complex documents concerning their finances, health or legal matters, and these documents needed to be written in a style intelligible to the target group. The Movement demanded that plain language should be used by the authorities when writing documents either directly addressing or in other ways relevant to the public, and that professionals such as lawyers or doctors should adopt a clear writing style in their interactions with their clients and patients. In 1998, the EU launched its own plain language campaign ‘Fight the Fog’, and the relatively recent 2010 EU Clear Writing campaign bears witness to the fact that there is still some way to go before this goal is achieved. This brings us to the reason why intralingual translation is of such importance.

4 Intra- and interlingual translation

The practice of ‘intralingual translation’ has presumably existed since time immemorial, but the term itself was introduced by Roman Jakobson; he categorised translation as interlingual, intralingual and intersemiotic (Jakobson [1959] 2012: 114). Interlingual translation, or the translation between national languages, is considered ‘translation proper’ and thus the prototypical form of translation. Intralingual translation has, in spite of its many similarities with ‘translation proper’, lived a life on the periphery of translation studies for many years. However, Zethsen (2007, 2009, 2018), Zethsen and Hill-Madsen (2016) and others during the past decade (e.g. Berk Albachten 2019; Whyatt, Kajzer-Wietrzny and Stachowiak 2016) argue that intralingual translation is fundamentally a translational activity which belongs to the field of translation studies. There are many similarities between intralingual and interlingual translation and the same micro-strategies are applied in both to a large extent (Zethsen 2009; Ersland 2014). For instance, the strategies available when translating terminology between two languages are no different from rewriting an expert text for lay people or intralingually translating a work of classic literature into a simplified version. The main differences seem to be a question of degree rather than type (Zethsen 2009: 809), to the effect that some micro-strategies, especially those related to simplification and explicitation (Zethsen 2009: 809; Ersland 2014: 84–85), are used much more in intralingual than in interlingual translation. Intralingual translation has a strong tendency to involve a form of simplification where it becomes the main purpose of the translation, and because of this tendency the micro-strategies applied (additions, omissions, restructuring, etc.) seem to be much more radical than what is seen in the majority of interlingual translations where simplification is only one of many available micro-strategies.

5 Translating medical texts for lay people

When training to become an expert within a field, mastering the relevant terminology and style is an important tool for precise and efficient communication; this mastery furthermore signals that the communicator is an accepted member of the discourse community in
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question. It is difficult for experts to put aside their knowledge and remember how much they would have understood before they became experts. Bromme, Jucks and Wagner (2005: 571) state that:

[T]here is a good deal of evidence that experts have difficulty in adapting their advice to the information needs of laypersons. One can assume that experts’ extensive and highly integrated knowledge of their own domain makes it very difficult for them to comprehend the completely different perspective of a layperson.

This viewpoint is supported by researchers such as Hinds (1999), Nickerson (1999), Hayes and Bajzek (2008), and Lentz and de Jong (2009), who argue that experts are often unaware of what poses problems for lay people, and might overestimate the knowledge of their receivers. All this can be summed up as a phenomenon which Hinds (1999: 205) labels as the curse of expertise, and this is exactly why a mediator – an intralingual translator – is often needed.

Expert medical language is in Western European languages characterised by the use of terminology, often of Latin or Greek origins, and, as is the case with many other languages for specialised purposes, by the passive voice, heavy premodification, nominalisation, long and compact sentences containing large amounts of information, etc. (Askehave and Zethsen 2000a, 2010; Montalt and González-Davies 2007; Nisbeth Jensen 2013, 2015). To the medical expert, this language is precise and often economical with words, and as such, it serves its specialised function. For the lay person, however, medical language can be challenging in varying degrees. Some lay people may be familiar with Latin and may therefore be able to deduct the meaning of some medical terminology; others suffer from a chronic disease and may have gradually become acquainted with the terminology of that particular disease, but may know little about medical language in general; and still others may not be able to read any medical texts at all. Some languages (e.g. Spanish or English) are more Latin-based than others (such as German and the Nordic languages), and speakers of the more Latin-based languages may be able to figure out what a Latin word means or the Latin word may already be part of everyday language. In Nordic languages, for instance, everyday language does not make use of Latin medical terminology; instead, lay terms with Nordic roots and with no connection to Latin are widely used. This means that in many cases, most people will literally not have a clue about what a medical term with Latin roots means, and it is crucial that everyday words are used instead (Zethsen 2004). In Danish, for instance, an ulcer is called ‘mavesår’, literally ‘stomach wound’, and hardly anyone knows the Latinate term. Appendicitis is called ‘blindtarmsbetændelse’, i.e. not remotely Latinate. In addition to the above-mentioned (and many more) lexical and syntactic features, which characterise expert language, the phenomenon of presupposition also plays an important role. In other words, what is absent from the text is in fact just as important as what is present, as is seen in those cases where an author presupposes that patients understand certain words or expressions where they would, in fact, need an explanation. Again, it may be difficult for experts to gauge exactly what lay people know and do not know. Presupposition is very common and may well be one of the main reasons why medical texts are often so inaccessible to lay people. In such instances, the intralingual translator will typically use the strategy of explicitation to help the readers.

Common to all lay target groups is the fact that they are either not able to understand a medical text in full or the potential for misunderstandings is high. Additionally, some lay
people have very low health literacy (often young people, old people, non-native speakers, people with little schooling and people with varying levels of learning or reading difficulties) and their extralinguistic situation may also be a stressful one, especially due to an illness, sleep deprivation or old age. These target groups need a translation, sometimes within their own language (intralingual translation), and sometimes intralingual translation coupled with a translation between languages (interlingual translation). Within translation studies, functionalism (e.g. Reiss and Vermeer 1984; Vermeer 1989) has become the most common approach when translating specialised texts. It is the skopos (purpose) of a text in the target culture which determines the nature of the translation. Once the translator knows the purpose of the translation (ideally through the commissioner), i.e. how the text is to function in the target culture, the translator can determine the style of the translation, including the level of formality, the correct use of terminology, etc. This means that if a medical text is translated for a target group consisting of semi-experts within that particular field, a certain amount of medical terminology and syntactical complexity may be in order. However, if the target group potentially consists of the entire population of a country, the translator has to aim for the lowest common denominator to ensure that as many members as possible of this very broad target group will understand the information. In Denmark, for instance, the health authorities recommend writing so that the text would be understandable to an 11 to 12-year-old in cases of mass communication (Sundhedsstyrelsen 2009). It should be emphasised that when the target language is not English, many of these texts are translated interlingually as well, and so we often see a combination of inter- and intralingual translation – a situation which does of course place additional demands on the translator. In the following section, we shall illustrate and discuss intra- and interlingual medical translation using examples from patient information leaflets.

6 Patient information leaflets as a case study

As a result of the increased focus on health communication as well as because of various legislative measures, new patient communication genres have come into existence during the past 30 years. One of these genres is the Patient Information Leaflet (PIL), which came into existence as a legal requirement in 1992 and was fully adopted by the EU in 1999 (Council of the European Communities 1992). EU PILs are therefore so-called mandatory genres and as such are heavily regulated by law (Askehave and Zethsen, 2003). A PIL must accompany all medication; it contains information about dosage, contraindications, side effects, etc. aimed at patients. The PIL has been described as the most important source of information about medication for the patient (Bjerrum and Foged 2003: 58). Despite the legal requirement that PILs are ‘written and designed to be clear, understandable and enable the users to act appropriately’ (Article 63(2) of EU Directive 2001/83/EC, European Parliament and of the Council, 2001), a growing body of research suggests that many PILs are linguistically complex and difficult to understand for lay people (Askehave and Zethsen 2000a, 2000b, 2002, 2003, 2010, 2014; Clerehan and Buchbinder 2006; Consumers’ Association 2000; Dickinson, Raynor and Duman 2001; Harwood and Harrison 2004; Horwitz, Reuther and Andersen 2009; Nisbeth Jensen 2013; Pander Maat and Lentz 2010; Raynor 2007; Zethsen and Askehave 2010). This is of course in direct contrast to the function and purpose of the genre.

Within the EU framework, a PIL is the result of an intralingual translation process as it must be drawn up in accordance with the Summary of Product Characteristics (SPC).
The SPC document includes pharmaceutical information about the medicinal product in question, the chemical composition of the drug, dosage instructions, etc. It is written by and for medical experts, in a very specialised medical register. The PIL is produced based on the SPC, and it is a much shorter document with a new audience and a new communicative purpose. When a pharmaceutical company applies for marketing authorisation through the so-called Centralised Procedure in the EU, it must submit a dossier which includes the draft SPC, labelling, and a PIL in English. The European Medicines Agency (EMA) then has 210 days to decide whether marketing authorisation should be granted; this is called ‘CHMP (The Committee for Medicinal Products for Human Use) opinion’. Five days later, translations from English into all other languages must be submitted, which means after the EMA has granted the marketing authorisation. This means that the source text for the SPC and the PIL is always in English, irrespective of home country, and it also means that the English version is the approved version.

Another intralingual translation process can be identified for PILs in instances where there is not a shift in audience, but where the original PIL is too linguistically complex, i.e. has not been successfully targeted at the intended audience (as is often the case, cf. the growing body of research mentioned at the beginning of this section), and must be rewritten. In such cases, the English-language PIL is the source text and a more intelligible English-language PIL is the target text. Furthermore, as mentioned above, an interlingual translation process also takes place, as EU PILs must be available in all EU languages. Here, the English-language PIL is the source text and the Spanish/Latvian/Danish/etc. PIL is the target text. In the following, we will give examples from authentic SPCs and English (EN) and Danish (DK) PILs found online, with English back translations in square brackets. This means that these examples come from authorised documents. It is not possible to find information on who the translators are, but we know that PILs are most often translated by pharmacists and only occasionally by professional translators (Nisbeth Jensen 2013). We will show how intralingual translation, and, when relevant, interlingual translation (here, into Danish), take place and discuss the appropriateness of the strategies applied.

**Example 1**

- SPC: severe hypotension
- EN PIL: if you have severe low blood pressure (hypotension)
- DK PIL: hvis du har meget lavt blodtryk (hypotension) [if you have very low blood pressure (hypotension)]

In Example 1, we see an intralingual translation from SPC to PIL of ‘severe hypotension’ by the addition of the more lay-friendly term ‘severe low blood pressure’. The expert term is maintained but placed in parentheses. This might seem like a good choice in the name of patient education and empowerment; however, as we know that many patients do not even have health literacy at the functional level, some receivers might be confused by the expert term. If one does not know what hypotension means, it is not clear from the sentence whether the term in parentheses is a synonym or extra information. If we look at the Danish PIL, the choice to include ‘hypotension’ is even more problematic as Danes are less exposed to Latin-based terminology. Example 1 thus shows how PILs are translated intralingually from SPC to PIL, and how this translation sometimes needs even further intralingual translation. We also see that in the interlingual translation into Danish (EN
PIL to DK PIL), the translator needs to be aware of intralingual translation, i.e. the need for lay-friendly PILs, as a direct translation is likely to be problematic.

**Example 2**
- SPC: toxic epidermal necrolysis and Stevens-Johnson syndrome
- EN PIL: inflammation of the mucous membranes (Stevens-Johnson syndrome, toxic epidermal necrolysis)

In Example 2, the same intralingual translation strategy is used, i.e. maintaining the expert terms, but placing them in parentheses (‘toxic epidermal necrolysis’ and ‘Stevens-Johnson syndrome’) in the PIL. In this case, there could be good reasons for maintaining at least ‘Stevens-Johnson syndrome’ as it might be a condition that the patient has, and thus knows. In addition to the maintained expert terms, the intralingual translation used an explicitation by adding the explanation ‘inflammation of the mucous membranes’. However, this explicitation includes two other medical terms ‘inflammation’ and ‘mucous membranes’. In addition to being a medical term, ‘inflammation’ is also a nominalisation—a syntactic choice which is known to be complex (Coleman 1964: 186; Charrow 1988: 98; Halliday 1994: 353). Again, the intralingual translation might need further intralingual translation in order to be intelligible for the target group.

**Example 3**
- SPC: Subcutaneous use. Apidra should be given by subcutaneous injection […]
- EN PIL: Apidra is injected under the skin (subcutaneously)
- DK PIL: Apidra injiceres under huden (subkutant) [Apidra is injected under the skin (subcutaneously)]

In Example 3 we again see that the medical term ‘subcutaneously’ is placed in parentheses in the intralingual translation; however, in this case, we are not dealing with an illness that the receiver might have. If one does not understand the term ‘subcutaneously’, one does not know what (or how much of the preceding sentence) it refers to. Syntactically, the intralingual translation is also problematic as the passive construction ‘is injected’ makes it difficult to judge who the performing agent is. The interlingual translation into Danish actually increases the complexity as the term ‘injiceres’ is translated directly. In Danish, the Latin-based term ‘injicere’ would only be used by experts whereas the lay term ‘indsprøjte’ (a word with Nordic roots which could be literally translated into ‘squirt into’) would be the one used by lay people. Thus, in Example 3, we see both problematic intra- and interlingual translations, on lexical and syntactic levels.

**Example 4**
- EN SPC: Repaglinide is indicated in adults with type 2 diabetes mellitus […]
- EN PIL: Repaglinide Accord is an oral antidiabetic medicine containing repaglinide […]

In the intralingual translation from SPC to PIL in Example 4, the translator has introduced a premodification ‘oral antidiabetic medicine’. While the modifiers might not consist of highly complicated terms, there are no good arguments for such wording, as it may be
difficult to deconstruct and thus to understand. Instead, the translator could simply have written ‘Repaglinide Accord is a medicine used for diabetes. It is taken orally’.

**Example 5**

- **EN SPC**: When a patient stabilised on any oral hypoglycaemic medicinal product is exposed to stress such as fever, trauma, infection or surgery, a loss of glycaemic control may occur
- **EN PIL**: […] If you are about to have major surgery or you have recently suffered a severe illness or infection. At such times diabetic control may be lost

In Example 5, we see the words ‘surgery’ and ‘infection’ being modified in the target text using ‘major’ and ‘severe’, respectively. The use of these strategies presupposes that the reader knows what ‘major surgery’ and ‘severe infection’ entail as opposed to ‘minor surgery’ or just ‘surgery’. We also see the expert medical term has been intralingually translated, i.e. ‘glycaemic control’ into ‘diabetic control’, which is more lay-friendly; however, again, it presupposes knowledge of what ‘diabetic control’ means.

In these examples, we see several instances of medical terms being directly translated or moved into parentheses. The use of specialised terminology is often quoted as one of the main reasons why medical texts are difficult for lay people to understand (Bromme, Jucks and Wagner 2005; Bromme, Rambow and Nückles 2001; MHRA 2005). Some might argue that patients today are more knowledgeable about medical terms than before; however, specialised expert medical terminology is still a source of confusion (Dahm 2011: 24). This means that even though patients are more involved in their own health and in health-related topics today, the use of medical terms may still constitute a comprehension barrier. Just as certain micro-strategies may be recommended for certain types of interlingual medical translation (Montalt and González-Davies 2007), it is possible to make recommendations concerning medical intralingual translation. For instance, several strategies can be applied in order to ‘de-terminologise’ the text (Montalt and González-Davies 2007: 251–253). Here is an example of strategies for intralingual translation of the expert term in the sentence ‘If you experience tachycardia’:

1. Expert term + (lay term): If you experience **tachycardia (fast heartbeat)**
2. Replace with a lay term: If you experience **fast heartbeat**
3. Lay term + (expert term): If you experience **fast heartbeat (tachycardia)**
4. Keep expert term + explanation: If you experience **tachycardia, which means that your heart is beating fast (over 100 beats per minute)**
5. Explanation + (expert term): If you experience **that your heart is beating fast (tachycardia)**
6. Explanation: If you experience **that your heart is beating fast**

This shows that the intralingual translator has several strategies available when translating medical terms. For mass communicated texts, we recommend that strategy 1 is avoided and that 3, 4 and 5 are only used when the expert term is really necessary. This could be in situations where a chronic illness makes it relevant for the patient to be gradually educated about their illness and/or where the resourceful patient may want to look up more information and may thus need to know the expert term. In many cases, strategy 2 (lay term) or 6 (just explaining the expert term) are perfectly suitable. Of course, these are merely
guidelines, not prescriptive rules. Our point is that all translation situations are *ad hoc* and contextual, which means that the translators must use their competence to tailor the text for the target group.

The examples above demonstrate that it is not only medical terminology that is problematic in intra- and interlingual medical translations; syntactical choices such as passive voice, nominalisation and premodification can also unnecessarily complicate target texts. The same is true for presupposition and information-dense sentences. As medical texts are often produced by experts (for PILs, often by pharmacists) who may be influenced by the writing style of their expert discourse community as discussed above, and may not have the linguistic skills or knowledge required to produce optimally comprehensible texts, the need for translators possessing intra- and interlingual competence becomes even more imperative.

### 7 Conclusion and future directions

Research on intralingual translation has up until now not been very prolific, though the past decade has seen increased interest in this topic. As far as practical intralingual medical translation is concerned, there is still much work to be done as regards specific micro-strategies for some of the numerous pitfalls such as medical terminology, syntactical choices (e.g. passive voice, nominalisation and premodification), as well as presuppositions and information-dense sentences. On a more general level, digital access to e.g. electronic patients’ records or other expert texts is increasing day by day and it seems that lay people are uncritically given access to large amounts of information which they may not understand, or worse, misunderstand. Research looking at comprehensibility and reception in connection with such electronic access would be extremely relevant. Finally, the lack of appropriate intralingual translation is interesting from a more socio-political perspective; certain medical genres, such as the patient information leaflet, are legally regulated, clearly meant for lay people, but at the same time used by medical companies as a means of avoiding legal responsibility, for instance by including long and complex lists of side effects, which remain fairly incomprehensible to patients. This means that even though the apparent skopos of the text is patient information, there may be a strongly competing different skopos, which results in the creation of long and complex texts that are incomprehensible to many laypeople.

It is important for researchers to help create awareness about the need for comprehensible information and it is the right of patients to be able to understand communication relevant to their health. Either experts have to write in a more accessible way when writing for lay people or intralingual translation must be carried out professionally. Expert-lay intralingual translation is crucial at a time where there is easy electronic access to large amounts of texts often written by experts, and it is time to bring intralingual translation out of the shadows so to speak, and name it as a skill interlingual translators of health information should possess.

### Further reading


This textbook explains the basics of medical translation and the different ways of teaching how to translate medical texts.

This article shows the importance of intralingual translation skills. It presents an empirical study in which a series of intralingual strategies were used to make real fact sheets for cancer patients more comprehensible and effective. It concludes with a proposal for training medical translators to deal with this type of intralingual translation.


This paper uses Plain Language research to operationalise the skopos of comprehensibility in Patient Information Leaflets. It is argued that Plain Language, which has mainly been used for intralingual translation, can be broadened to also be applied in the field of interlingual translation.


This article discusses how intralingual translation or ‘rewording’ is de facto peripheral to translation studies and argues that the relationship between inter- and intralingual translation is a neglected area of research, as is a thorough description of intralingual translation. An attempt to formally define translation, including intralingual translation is made (further elaborated in Zethsen and Hill-Madsen 2016).


This article discusses the role of intralingual translation within health communication by means of two specific cases: patient information leaflets and electronic medical patient records. It argues that providing access to information is not necessarily the same as providing the patient with information, and that providing access, but not accessible information, is at best due to ignorance, at worst due to negligence.

Related topics
Knowledge Translation, Quality, Accessibility and Readability in Medical Translation, Medical Terminology and Discourse

References


